

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

Dr. Sprague  
AMENDED

Registration District No. 352

Primary Registration District No. \_\_\_\_\_

Registrar's No. 85

**-62-037400**

STATE FILE NUMBER

**FILED OCT 8 1962**

**1. PLACE OF DEATH**

a. COUNTY

**Taney**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Kirbyville**

Length of stay in 1b  
**years**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **home**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

**Missouri**

b. COUNTY

**Taney**

c. CITY  
OR TOWN

**Kirbyville**

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

(If outside, give location)  
**Kirbyville**

Reside on Farm  
Yes ☐ No ☒

**3. NAME OF DECEASED**  
(Type or print)

First

**JOHN**

Middle

**HENRY**

Last

**STRAHAN**

4. DATE  
OF DEATH

Month Day Year  
**Sept. 30, 1962**

5. SEX  
**M**

6. COLOR OR RACE  
**W**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**5/24/1902**

9. AGE (last birthday)  
**60**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.  
**4 8**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**retired**

10b. KIND OF BUSINESS OR INDUSTRY  
**public worker**

11. BIRTHPLACE (City and state or country)  
**Hollister, Mo**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**Issiac Strahan**

13b. MOTHER'S MAIDEN NAME

**Sina Whorton**

14. NAME OF HUSBAND OR WIFE

**Willie Strahan**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) **no**

16. SOCIAL SECURITY NO.  
**none**

17. INFORMANT  
Address  
**John Strahan Jr. Kirbyville, Mo**

**18. CAUSE OF DEATH** (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Dr. Henry Strahan**

INTERVAL BETWEEN  
ONSET AND DEATH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **9-30-62** to **9-30-62** and last saw her him alive on **8-25-62**  
Death occurred at **5:30 AM 9-30-62** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

**burial**

**10/4/62**

**Mincy**

**Mincy, Mo**

24. FUNERAL DIRECTOR

ADDRESS

**Walter Cobb Branson, Mo**

25. DATE RECD BY LOCAL REG.

**10/6/62**

26. REGISTRAR'S SIGNATURE

**John Strahan Jr.**

OCT 9 1962 6:100

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Bismarck, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.